

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212538272				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BECHTEL INFRASTRUCTURE CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NV</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: F1270539</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 50 BEALE ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SAN FRANCISCO, CA 94105</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GEORGE B MORSCHAUSER TITLE: PRESIDENT ADDRESS: PO BOX 193965 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94119-3965 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GEORGE B MORSCHAUSER TITLE: PRESIDENT ADDRESS: PO BOX 193965 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94119-3965	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	GABRIELLE S HURLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP /ASST. SEC		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	KENT E LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PR VP /SEC		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-3965		
NAME:	DOUGLAS W PRICE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	JAMES Q HICKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	MICHAEL J LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CO 94105		
NAME:	RANDY P DENELSBECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. SEC		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	GEORGE B MORSCHAUSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	FRANK G TURPIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	GARY R ABERNATHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	GARRY B AICKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	GREGORY A ALLMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	BRUCE E BITNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	DENNIS L JEW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	TERRENCE P MCGEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	KIMBERLEY C SCHAFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	KEVIN C LEADER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	NELLIE LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	JOHN K DESHONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	PEGGY H RESTIVO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	PO BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94119-3965		
NAME:	MICHAEL A ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	MICHAEL C BAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	PETER A DAWSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	WALKER S KIMBALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 193965		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PEGGY H RESTIVO	PEGGY H RESTIVO, ASST	10/3/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CONTROLLER	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			